

STANDARD CERTIFICATE OF DEATH

46223
STATE FILE NUMBER
12026
Registrar's No.

FILED DEC 30 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		d. STREET ADDRESS (If outside, give location) 6633 Clemens	
3. NAME OF DECEASED (Type or print) AARON POTICHA		4. DATE OF DEATH Dec. 14, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 12, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) refinisher		10b. KIND OF BUSINESS OR INDUSTRY furniture	
11. BIRTHPLACE (City and state or country) USSR		12. CITIZEN OF WHAT COUNTRY? USSR	
13a. FATHER'S NAME Unk. Poticha		13b. MOTHER'S MAIDEN NAME Unk.	
14. NAME OF HUSBAND OR WIFE Ida		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 498-01-2508		17. INFORMANT Ida Poticha 6633 Clemens	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Lymphosarcoma - Spleen</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <i>2.0.1</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION University City, Mo.		COUNTY STATE	
21. I attended the deceased from <i>12/12/56</i> to <i>12/14/57</i> and last saw him alive on <i>12/13/57</i> Death occurred at <i>12/14/57</i> <i>one A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Herman M. Meyer M.D.</i>		22b. ADDRESS <i>4409 West Pine</i>	
22c. DATE SIGNED <i>12/14/57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Rem.</i>		23b. DATE <i>12/15/57</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth</i>		23d. LOCATION (City, town, or county) (State) <i>University City, Mo.</i>	
24. FUNERAL DIRECTOR <i>Berger Memorial</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 16 57</i>	
26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT-BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3908

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.